

saic events such as mid-day naps and weight reduction seem as significant to physicians and patients as some new variation of an old drug. Physical therapy has its enthusiasts and these authors must be counted among them. Their opinion that "simple range of motion exercises religiously practiced can prevent ankylosis" goes beyond what must be considered a conservative position on the benefits of applied physiotherapy.

It is to drug therapy that the authors as well as most physicians devote major attention. Although generally conservative about the efficacy of drugs in common use, they at times advocate rules of therapy which are not beyond the scope of controversy, such as "the appearance of iritis or scleromalacia perforans make the use of steroids mandatory." It must be noted that these unfortunate complications frequently occur during adrenocorticosteroid therapy and, like other manifestations of overt vasculitis in rheumatoid arthritis, may in part be attributable to the steroids themselves.

The bewildering tendency of rheumatoid arthritis to undergo spontaneous remissions and exacerbations continues to confound those attempting to design proper controlled studies. The physician in practice will find much in this article by Drs. Kamin and Multz that is practical and useful. Inevitably, however, there will continue to be a folklore of rheumatology which will mock rational approaches to therapy until the pathogenetic mechanisms of this distressing disease are finally elucidated.

Biologic Science and Human Equality

THE SUBJECT OF quality and inequality among humans is a timely one. In science there has been an enormous effort to overcome biological inequalities which cause one human to reject the organs of another and in society there has been an enormous effort to overcome the social, economic and political inequalities — and all of this in spite of the fact that both seem to be inherent in human nature and the human condition. In any case the results to date have been disappointing, even frustrating. At first glance these kinds of differences among humans may seem unrelated but perhaps they are not.

The concept of political equality apparently took root in the late 18th century at the time of the

American and French revolutions and it seems to have been dependent upon progress in science and technology for its growth and development. Legislation has been a principal means to promote equality and it seems always to have followed technologic progress. For example it may be argued that the 19th century invention of the cotton gin made legislation to free the slaves a practical matter. Later an unrestrained exploitation of the technological industrial revolution polarized poverty and riches to such an extent that some kind of equalizing legislation became necessary in the early 20th century. This took the form of anti-trust laws, labor laws, graduated taxes and public relief for the needy. World War II produced an enormous burst of scientific and technologic progress and for the first time much of the intellectual and political leadership of the nation became convinced that our technology had finally reached the point where the ideal of human equality had become practically attainable. The sequel to this was an attempt, again through legislation, to lessen and if possible abolish social, economic and political inequality. Perhaps predictably from the standpoint of biologic uniqueness, the results have fallen far short of the expectations, and there is now a new restlessness throughout the land and indeed throughout the world.

In this new restlessness there is more than a suggestion of a fundamental change in human aspirations. It seems more than conceivable that the traditional expectation of social, economic and political equality may be about to undergo some evolutionary revision. Again it would appear that scientific and technologic progress sets the stage. Modern science recognizes that each human being is biologically unique with individual characteristics and an individual potential for creativity and fulfillment. It seems quite possible that the 20th century is on the verge of coming to recognize the fundamentally biologic nature of human society just as the 19th finally accepted the biologic nature of man himself. Society is beginning to acknowledge, albeit slowly, that sameness is not a human characteristic. It appears that the demands for equality among humans are now beginning to give way to demands for an equal chance for health, freedom, more relevant education and more in the way of personal fulfillment. If these aspirations for personal fulfillment recognize the equal rights of others, they are at once both biologically and socially sound.

There is a great opportunity in this change for real responsible human progress. There is also chance of disaster. Power and privilege are potent instruments which in the hands of special interests with skilled leadership can jeopardize the rights of others and even threaten the integrity of the complex technologic society without which the hopes for greater personal fulfillment could only be an empty dream. At so critical a time, reason and not emotion must rule. The change must be evolutionary, not revolutionary; and the outcome must be sound biologic and social progress and not disaster. Steady, responsible yet flexible hands are needed at the helm and physicians must stand ready to help. As the truly biologic nature of society becomes more clearly recognized by the public, there will be more attention given to the biological characteristics of the body politic and the biological nature of the humans who comprise it. As this occurs the physician, because of his knowledge of the nature and behavior of human beings in both sickness and in health, will inevitably become increasingly involved. It is not too early for the profession to get into training for this new responsibility as human aspirations rise to match the potential of this new age of science.

Medi-Cal and the Legislature

THE CALIFORNIA LEGISLATURE may be expected to give careful scrutiny to the Medi-Cal program during the 1969 session. This is as it should be. The Legislature is responsible for examining the allocation of the state's resources to its needs and to determine whether the best allocation is being made. It is also responsible for determining if there is value received for dollars spent whether this be in health care or whatever.

The federal Medicare legislation of 1965 (P.L. 89-97) established a new approach to the health care of the needy. This became implemented in California with the enactment of A.B. 5 (Medi-Cal) which contained a number of important concepts developed by the California Medical Association and went into effect before the effective date of Medicare. The CMA has since continued its strong support of the principles upon which this program was based and has often gone "the second mile" in cooperation to try to make the program a success. While admittedly not completely satisfactory, the result to date has been what is prob-

ably the most effective Title XIX program in the nation.

As the Legislature's review of the Medi-Cal program gets under way it is inevitable that there will be a conflict of values. The ideal in our Medi-Cal law is "to allow eligible persons to secure basic health care in the same manner employed by the public generally and without discrimination or segregation based purely on their economic disability." This approach is unique to California and permits of only one standard of health care for all citizens and quite expectedly it has proven costly, so now it comes into conflict with government's equally important responsibility to control and if possible to reduce these costs. Humanitarian values, scientific values and economic values are all at play and must be kept in reasonable proportion. Care must be taken not to compromise the purpose or impair the effectiveness of a program which so far has led the nation, having handily survived a number of statements tending to discredit it publicly, which may or may not have been deliberately intended for that purpose.

Government bureaucracy and officialdom has a natural, one might almost say a human tendency to believe that it can do what needs to be done better than anyone else. It was therefore quite predictable that attempts would be made to regulate, control, or even take over these expensive government financial health care programs. But the genius inherent in the Medi-Cal program is that it has somehow succeeded in mobilizing the support and effort of virtually all who are involved in the care of Medi-Cal patients to make this law an effective and efficient program for needy citizens. Such a team effort in support of a government financed health care program is quite unprecedented, and when one considers the importance of motivation of health care personnel, whether in the professions or in the industry, to both the ultimate quality and the ultimate cost of the service rendered, it would seem that government would be well advised, both economically and politically, to take steps to strengthen rather than to weaken this kind of motivation.

So far we have had reason to be confident of the wisdom of the California Legislature. Let us hope that this new and unique teamwork in health care can continue. Let us try to solve whatever problems there are with a truly collaborative effort. All Californians will surely benefit, and perhaps the rest of the nation will be shown the way.